

WARRICK COUNTY HEALTH DEPARTMENT

STEPS IN OBTAINING A SEPTIC PERMIT

- 1. OBTAIN A SOIL SURVEY – THE SURVEY MUST BE CONDUCTED BY A CERTIFIED SOIL SCIENTIST.**
- 2. SEND SURVEY TO THE COUNTY ENVIRONMENTAL HEALTH SPECIALIST (EHS) SO THAT THE SYSTEM CAN BE SELECTED.**
- 3. THE ENVIRONMENTAL HEALTH SPECIALIST WILL MAKE THE SYSTEM SPECIFICATIONS AVAILABLE WITHIN 4 TO 5 BUSINESS DAYS.**
- 4. PRESENT A PLAN/ DRAWING* OF THE PROPOSED SEPTIC SYSTEM AND A MATERIALS CHECKLIST TO THE EHS.**
- 5. AFTER YOUR PLAN AND PERMIT HAVE BEEN APPROVED, BRING A LEGAL DESCRIPTION OF THE PROPERTY TO THE HEALTH DEPARTMENT, FILE PERMIT APPLICATION, AND THEN YOU MAY OBTAIN YOUR PERMIT.**
- 6. PERMIT COST IS \$100.00.**

** DRAWING MUST CLEARLY DEPICT DISTANCES, TRENCH DEPTH, AND GRADES.*

A COMPLETE PLAN SUBMITTAL INCLUDES:

- . SOIL REPORT**
- . SITE PLAN**
- . MATERIALS CHECKLIST**
 - . APPLICATION**
- . LEGAL DESCRIPTION**

Aaron Franz
Environmental Health Specialist

Warrick County Health Dept.
107 W. Locust St., Suite 204
Boonville, IN 47601
Phone: 812-897-6105, Ext. 4
Fax: 812-897-6104

Soil Scientists

Becky Langford
812-483-2544
soilprosplus@gmail.com

Greg Orr
812-430-4162
gorr@soilprosplus.com

Soil Tech
David Ralston
812-858-7003

WARRICK COUNTY HEALTH DEPARTMENT CHECKLIST FOR PRIVATE OSDS

NAME: _____

DATE: _____

CONTRACTOR: _____

SYSTEM TYPE:

GRAVITY FEED _____
FLOOD DOSE _____
SAND MOUND _____
OTHER, SPECIFY _____

DRAINAGE REQUIREMENTS:

SURFACE DIVERSION _____
SUBSURFACE DRAINAGE - WITH SPEC. 23 HIGHWAY SAND _____

PERIMETER _____
CURTAIN _____

SYSTEM COMPONENTS:

- A) SEPTIC TANK: Yes _____ No _____ N/A _____
- SIZE _____ GAL.
- MANUFACTURER _____
B) DOSING TANK: Yes _____ No _____ N/A _____
- SIZE _____ GAL.
- MANUFACTURER _____
C) EFFLUENT PUMP: Yes _____ No _____ N/A _____
- TOTAL DYNAMIC HEAD _____
- DISCHARGE RATE _____
- MANUFACTURER _____
D) DISTRIBUTION BOX: Yes _____ No _____ N/A _____
- # OF HOLES _____
- MANUFACTURER _____
E) GRAVITY SEWER PIPING: Yes _____ No _____ N/A _____
- PVC ASTM _____ 4" () 6" () SDR _____
- ABS ASTM _____ 4" () 6" () SDR _____
- MANUFACTURER _____

F)

GRAVITY DISTRIBUTION LATERALS:
Yes _____ No _____ N/A _____

- PVC ASTM _____ 4" () 6" () OTHER _____ LENGTH _____ FT.
- ABS ASTM _____ 4" () 6" () OTHER _____ LENGTH _____ FT.
- MANUFACTURER _____

G)

PRESSURE SEWERS & DISTRIBUTION LATERALS (FLOOD DOSE/MOUND PIPING):
Yes _____ No _____ N/A _____

- () PRESSURE SEWERS () PRESSURE DISTRIBUTION LATERALS
- PVC ASTM _____ SIZE _____ LENGTH _____ FT.
- ABS ASTM _____ SIZE _____ LENGTH _____ FT.

H)

TOTAL SQUARE FEET OF APPROVED ABSORPTION AREA: _____ SQ. FT.

- 1) APPROVED TRENCH WIDTH: _____ INCHES
- 2) APPROVED TRENCH DEPTH: _____ INCHES
- 3) APPROVED TOTAL LINEAL FEET: _____ FEET
- 4) AMOUNT OF SOIL COVER: _____ INCHES

I)

APPROVED AGGREGATE MATERIAL:

- SIZE RANGE = 1/2 TO 2 1/2 () YES () NO
- CLEAN OF DEBRIS () YES () NO
- HARDNESS (IF APPLICABLE) _____

J)

APPROVED BARRIER MATERIAL:

- GEOTEXTILE FILTER FABRIC () YES () NO
- BRAND _____
- MANUFACTURER _____
- SUPPLIES _____

K)

APPROVED DRAINAGE MATERIAL (IF APPLICABLE):

- SIZE _____ TYPE _____ ASTM-D _____

THIS CHECKLIST MUST ACCOMPANY YOUR PLAN/DRAWING

HOT TO SCALE

